



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

---

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299  
Web Site: [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

Phone Number: 410-764-4788  
Toll Free: 1-877-526-2541  
Fax: 410-358-2469

January 2014

Dear Applicant:

Enclosed is an application for licensure by **ENDORSEMENT** as a Licensed Bachelor Social Worker (LBSW) or Licensed Graduate Social Worker (LGSW).

Be certain that you understand the requirements as the **license application fee is non-refundable**. If you have not passed the required licensing examination required by the Maryland Board, then you need to apply by examination.

**PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS** and keep a copy for your records. Also, included are detailed instructions for completing the various forms. **Please review all of the material very carefully.**

**An individual with an ACTIVE Bachelors or Masters social work license in another jurisdiction and a PENDING application with the Maryland Board, may take a social work position in Maryland, for up to six months, while the application is being processed.**

If you have any questions, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541 and ask to speak with a Licensing Coordinator.

***Article - Health Occupations***

***Title 19. Social Workers***

***Subtitle 3. Licensing***

***§ 19-301. License required; exceptions.***

*(a) Except as otherwise provided in this title, an individual shall be:*

*(1) Licensed by the Board before the individual may practice social work in this State while representing oneself as a social worker;*

*(2) Licensed as a certified social worker-clinical before the individual may practice clinical social work in this State.*

*(b) This section does not apply to:*

*(1) An individual employed by any agency of the federal government while performing the duties of that employment, unless the individual chooses to apply for a license under this subtitle;*

*(2) An individual licensed as a social worker in another state while responding to an emergency in this State; or*

*(3) An individual who:*

*(i) Is licensed to practice social work in any other state or possesses social work qualifications in another jurisdiction comparable to § 19-302 of this subtitle;*

*(ii) Has an application for a license pending before the Board; and*

*(iii) Meets requirements established by the Board in regulations.*

*(c) An individual may not practice social work without a license under subsection (b)(3) of this section for more than 6 months.*

## **LBSW & LGSW BY ENDORSEMENT - APPLICATION INSTRUCTIONS**

**ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET**

**DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD.**

**ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK**

### **CHECK LIST:**

Please use the following check list to be certain your application packet is complete.

- ☐ A check or money order, payable to the Maryland Board of Social Work, for the \$100 application fee.
- ☐ Application form
- ☐ Three Professional Reference Forms
- ☐ Official BSW or MSW transcript with the date the degree was awarded / conferred
- ☐ Official Score Report from the Association of Social Work Boards
- ☐ **Criminal History Records Check (CHRC)** – First submit your completed application then complete the CHRC

**CHECK LIST CONTINUED FOR:** “Service Members”, “Veterans” or “Military Spouses”, please review the **Veterans Full Employment Act 2013** section of the instructions and include the following documentation.

- ☐ A copy of the applicant’s out-of-state social work license.
- ☐ Proof that the applicant is a service member, veteran or military spouse.
- ☐ If the applicant is a service member or veteran, proof that the applicant is assigned to a duty station in Maryland or has established legal residence in Maryland.
- ☐ If the applicant is a military spouse, proof that the applicant’s spouse is assigned to a duty station in Maryland or has established legal residence in Maryland.

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to

accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

### **DOCUMENTATION:**

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures in blue ink. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

### **APPLICATION FORM:**

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

### **NAME**

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

### **VETERANS FULL EMPLOYMENT ACT 2013 – EFFECTIVE JULY 1, 2013**

Under this ACT the Board shall issue an expedited temporary license to a service member, veteran or military spouse. A temporary license issued under this section shall be valid for 6 months.

“Service member” means an individual who is an active duty member of the Armed Forces of the United States; a reserve component of the Armed Forces of the United States; or the National Guard in any State.

“Veteran” means a former service member who was discharged from active duty, under circumstances other than dishonorable, within 1 year before the date on which the application for a license is submitted. A veteran **DOES NOT** include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license is submitted.

“Military Spouse” means the spouse of a service member or veteran and includes a surviving spouse of a veteran or a service member who died within 1 year before the date on which the application for a license is submitted.

### **RACE / ETHNIC IDENTIFICATION**

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

### **QUESTIONS #1 THROUGH #6**

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

### **PROFESSIONAL REFERENCE FORM:**

Using the enclosed forms, applicants are required to submit three (3) professional references. References may be from professors, internship supervisors, academic advisor etc.

### **OFFICIAL TRANSCRIPT:**

The official seal of the college/university is required on all transcripts with the date the BSW or MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application's packet. Please do not request the college/university to mail the official transcript directly to the Board.

### **FOREIGN DEGREES:**

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination and a copy of the foreign transcript must be submitted with the application. [www.cswe.org](http://www.cswe.org) or 703-683-8080

### **ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:**

**Without exception**, all applicants have passed the examination administered by ASWB which is required for the licensure level. [www.aswb.org](http://www.aswb.org)

### **OFFICIAL SCORE REPORT:**

An applicant must contact ASWB at 1-888-579-3926 and request that an Official Score Report be sent directly to the Board.

### **OFFICIAL ADDRESS OF RECORD:**

Please note that the mailing address provided to the Board is the official address of record and is considered part of a public record.

### **NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

**FEES:**

The \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

The fee for the examination is paid to the Association of Social Work Boards at the time the applicant registers to take the examination. This fee is set by ASWB [www.aswb.org](http://www.aswb.org)

**A \$75.00 non-refundable initial license fee is required after the application has been approved.**

**DO NOT SUBMIT THE \$75.00 FEE WITH THE APPLICATION**



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

---

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299

Web Site: [www.dhmm.maryland.gov/bswe/](http://www.dhmm.maryland.gov/bswe/)

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

**NOTICE OF CRIMINAL HISTORY RECORDS CHECK**

**Effective January 1, 2014**

Effective January 1, 2014 the Maryland Board of Social Work Examiners (the “Board”) is mandated to require applicants for licensure to submit to a full Criminal History Records Check which includes both State and FBI checks. The statute, which allows the Board to receive this information, is Health Occupations Article, Annotated Code of Maryland, Title 19 Social Workers, sections §19-302(a)(6) and §19-302.2. The legislation authorizing the Board to collect this information is House Bill 806 and Chapter 391.

Criminal History Records Checks are conducted by being fingerprinted. In order to be fingerprinted you will need the following: **CJIS Authorization #1300005486** **FBI ORI #MD920513Z**

The cost is **\$54.50** (\$34.50 is the cost of the background check and \$20.00 is the cost of the fingerprinting service). The fee must be paid directly to the provider. **Cash is not accepted. All fees must be paid by major credit card, check or money order in United States currency. The Central Repository cannot accept cash.**

For additional information contact CJIS, Criminal Justice Information System at 410-764-4501 and for a current listing of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**FOR FAST AND ACCURATE SERVICE**

1. When requesting a Criminal History Records Check, from the State and FBI, you must inform the fingerprinting center, “provider,” that you are applying to the Maryland Board of Social Work for licensure and provide the authorization numbers (listed above.)
2. You must bring a valid form of government identification to the fingerprinting center, “provider,” you have selected from the list. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
3. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center. Fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>
4. Bring payment as indicated. Major credit cards, check or money order in United States currency. Cash is not accepted.
5. Do not send the Maryland Social Work Board any receipts. The Board will receive the results from the Criminal History Records Check directly from CJIS, usually within 5 business days.
6. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when it was submitted.
7. **Even if you had a recent background check, a “NEW” background check is required as part of the licensing process.**

(MD-BSWE – Notice Included in Application – January 2014)



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

---

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

**CHRC – CRIMINAL HISTORY RECORDS CHECK**

**FOR APPLICANTS RESIDING IN MARYLAND**

#

Step #1 Mail your application for licensure to the Board

**Do Not Complete the CHRC before you submit your application in licensure**

Step #2 Take the “Livescan Pre-Registration Application” to a fingerprinting location

**Do Not Mail the “Livescan Pre-registration Application” to the Board**

For a current listing of fingerprinting providers in Maryland go to  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**FOR APPLICANTS RESIDING IN ANOTHER STATE** #

**The CHRC application **cannot** be faxed or emailed to you**

Step #1 Mail your application for licensure to the Board

Step #2 Send an email to:

Beverly Lewis – [beverly.lewis@maryland.gov](mailto:beverly.lewis@maryland.gov)

Step #3 Indicate that your application for licensure was mailed and that you are currently residing in another State

Step #4 Request an application for a Criminal History Records Check

Step #5 Provide your legal name & your out-of-state mailing address

Step #6 You will receive 2 fingerprinting cards and a return envelope

Step #7 Go to a fingerprinting location in your area to be finger printed

Step #8 Mail the 2 cards, using the return envelope, to CJIS, P.O. Box 32708, Pikesville MD 21282-2708

**Do Not Mail the Application for a CHRC to the Board**





**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name

Date of Birth  SSN  Gender: ☐ Male ☐ Female (Please Check)

Height:  ft.  inches Weight  lbs. Eye Color  Hair Color

Race ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander  
☐ White ☐ Other ( Please Check)

Place of Birth  Citizenship

Current Address

City  State  Zip Code

Daytime Phone  Evening Phone  Driver's License

**AGENCY INFORMATION**

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: ( Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City  State  Zip Code



## EDUCATION

Name on Official Transcript \_\_\_\_\_

Year BSW / MSW Obtained \_\_\_\_\_

College / University \_\_\_\_\_

State \_\_\_\_\_

## LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

List **ALL** ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

## APPLICANT'S AFFIDAVIT

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date \_\_\_\_\_

Signature \_\_\_\_\_



## MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215

410-764-4788 or Toll Free: 1-877-526-2541

<http://www.dhmf.maryland.gov/bswe/>

### PROFESSIONAL REFERENCE FORM LBSW & LGSW BY ENDORSEMENT

#### THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"

Applicant's Name

Home Number

Current Mailing Address

Office Number

City

State

Zip Code

Cell Number

To:

Name of Reference

Address

City

State

Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE**

\_\_\_\_\_

**DATE**

#### AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of \_\_\_\_\_

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference

Position/Title

Address

Phone Number

City

State

Zip Code

**SIGNATURE**

\_\_\_\_\_

**DATE**



## MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215

410-764-4788 or Toll Free: 1-877-526-2541

<http://www.dhmf.maryland.gov/bswe/>

### PROFESSIONAL REFERENCE FORM LBSW & LGSW BY ENDORSEMENT

#### THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"

Applicant's Name

Home Number

Current Mailing Address

Office Number

City

State

Zip Code

Cell Number

To:

Name of Reference

Address

City

State

Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE**

\_\_\_\_\_

**DATE**

#### AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of \_\_\_\_\_

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference

Position/Title

Address

Phone Number

City

State

Zip Code

**SIGNATURE**

\_\_\_\_\_

**DATE**



## MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215

410-764-4788 or Toll Free: 1-877-526-2541

<http://www.dhmf.maryland.gov/bswe/>

### PROFESSIONAL REFERENCE FORM LBSW & LGSW BY ENDORSEMENT

#### THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"

Applicant's Name

Home Number

Current Mailing Address

Office Number

City

State

Zip Code

Cell Number

To:

Name of Reference

Address

City

State

Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE**

\_\_\_\_\_

**DATE**

#### AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of \_\_\_\_\_

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference

Position/Title

Address

Phone Number

City

State

Zip Code

**SIGNATURE**

\_\_\_\_\_

**DATE**